09/28/2006 10:25 FAX 9086547866 **2** 002/002 PART B - FEE(S) TRANSMITTAL Complete and send this form, together n applicable fee(s), to: Mail Mail Stop ISSU=FEE Commissioner for Patents P.O. Box 1450 SEP 2 8 2006 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 INSTRUCTIONS: This form should be used as transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESTONDENCE ADDRESS (Note: Use Block 1 for any change of address) 000530 7590 07/28/2006 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class must in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK 600 SOUTH AVENUE WEST WESTFIELD, NJ 07090 (Date) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/796,168 03/09/2004 Renen Bassik OSTEONICS 3.0-492 3498 TITLE OF INVENTION: MODULAR PROSTHESIS KITS APPLN. TYPE SMALL ENTITY PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE **ISSUE FEE DUE** NO 10/30/2006 nonprovisional \$1400 \$300 \$1700 EXAMINER ART UNIT CLASS-SUBCLASS STEWART, ALVIN J 3738 623-022420 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 10/20100 (2) the name of a single firm (laving say a number a registered automey or agent) and the names of up to 2 registered patent attorneys or agents. If including is listed, no name will be printed. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. RÊNHÔLZ & MENTLIK, LLP "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 42.60 DA 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Howmedica Osteonics Corp. Mahwah, New Jersey Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🛣 Corporation or other private group entity 🚨 Government 4b. Payment of F.c(s): (Please first reapply any previously paid issue fee shown ribove) Issuo Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Porm PTO-2038 is attached.

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